



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8164

SERIAL NUMBER 10/025,524	FILING DATE 12/18/2001  RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 27866/34162A
-----------------------------	---------------------------------------	--------------	------------------------	--

APPLICANTS

Patrick D. Kilgannon, Bothell, WA;  
 W. Michael Gallatin, Mercer Island, WA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/942,867 10/02/1997 ABN  
 which is a CIP of 08/656,984 06/06/1996 PAT 5,753,502  
 which is a CIP of 08/481,130 06/07/1995 PAT 5,702,917  
 which is a CIP of 08/245,295 05/18/1994 PAT 5,700,658  
 which is a CIP of 08/102,852 08/05/1993 ABN  
 which is a CIP of 08/009,266 01/22/1993 ABN  
 which is a CIP of 07/894,061 06/05/1992 ABN  
 which is a CIP of 07/889,724 05/26/1992 ABN  
 which is a CIP of 07/827,689 01/27/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/08/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance (AD)	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 5
---	--	---------------------------	------------------------	----------------------	----------------------------

Verified and Acknowledged  
 Examiner's Signature Initials

ADDRESS  
 04743  
 MARSHALL, GERSTEIN & BORUN LLP  
 233 S. WACKER DRIVE, SUITE 6300  
 SEARS TOWER  
 CHICAGO, IL  
 60606

TITLE  
 ICAM-4 materials and methods

<p>FILING FEE  RECEIVED 594</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees ( Filing )	<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/>	1.18 Fees ( Issue )	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	All Fees													
<input type="checkbox"/>	1.16 Fees ( Filing )													
<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )													
<input type="checkbox"/>	1.18 Fees ( Issue )													
<input type="checkbox"/>	Other _____													
<input type="checkbox"/>	Credit													